SCANDIA VILLAGE GOOD SAMARITAN

290 SMITH DR

SISTER BAY 54234 Phone: (920) 854-2317		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	58	Average Daily Census:	58

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32.8
Supp. Home Care-Personal Care	No					1 - 4 Years	51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	15.5
Day Services	No	Mental Illness (Org./Psy)	65.5	65 - 74	5.2		
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	32.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)	
Other Meals	Yes	Cardiovascular	3.4	65 & Over	100.0		
Transportation	No	Cerebrovascular	10.3			RNs	13.3
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	1.3
Other Services	Yes	Respiratory	3.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.5	Male	13.8	Aides, & Orderlies	47.7
Mentally Ill	No			Female	86.2		
Provide Day Programming for	ĺ		100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		Private Pay		Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	Tota Resi- dent	- Of
Int. Skilled Care	0	0.0	0	1	2.8	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	0	0.0	0	29	80.6	120	0	0.0	0	21	95.5	153	0	0.0	0	0	0.0	0	50	86.2
Intermediate				6	16.7	100	0	0.0	0	1	4.5	150	0	0.0	0	0	0.0	0	7	12.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		36	100.0		0	0.0		2.2	100.0		0	0.0		0	0.0		58	100.0

County: Door Facility ID: 8640 Page 2 SCANDIA VILLAGE GOOD SAMARITAN

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons, Services, and	d Activities as of 12,	31/04
Deaths During Reporting Period				 %	Needing		Total
Percent Admissions from:		Activities of	8	Ass	istance of	% Totally	Number of
Private Home/No Home Health	12.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.8	Bathing	0.0		91.4	8.6	58
Other Nursing Homes	16.1	Dressing	5.2		91.4	3.4	58
Acute Care Hospitals	53.2	Transferring	22.4		74.1	3.4	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.5		75.9	8.6	58
Rehabilitation Hospitals	0.0	Eating	60.3		36.2	3.4	58
Other Locations	12.9	********	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	62	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.9	Receiving Resp	iratory Care	3.4
Private Home/No Home Health	34.9	Occ/Freq. Incontiner	nt of Bladder	65.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.5	Occ/Freq. Incontiner	nt of Bowel	13.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.6				Receiving Osto	my Care	1.7
Acute Care Hospitals	6.3	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	25.9
Rehabilitation Hospitals	1.6						
Other Locations	9.5	Skin Care			Other Resident Cl	haracteristics	
Deaths	36.5	With Pressure Sores		3.4	Have Advance D	irectives	91.4
Total Number of Discharges		With Rashes		10.3	Medications		
(Including Deaths)	63				Receiving Psycl	hoactive Drugs	74.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This Nonprofit			50	-99	Ski	lled	All	
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	87.4	1.11	85.5	1.13	85.9	1.13	88.8	1.09
Current Residents from In-County	87.9	76.6	1.15	71.5	1.23	75.1	1.17	77.4	1.14
Admissions from In-County, Still Residing	25.8	21.5	1.20	20.7	1.25	20.5	1.26	19.4	1.33
Admissions/Average Daily Census	106.9	125.9	0.85	125.2	0.85	132.0	0.81	146.5	0.73
Discharges/Average Daily Census	108.6	124.5	0.87	123.1	0.88	131.4	0.83	148.0	0.73
Discharges To Private Residence/Average Daily Census	48.3	51.0	0.95	55.7	0.87	61.0	0.79	66.9	0.72
Residents Receiving Skilled Care	87.9	95.2	0.92	95.8	0.92	95.8	0.92	89.9	0.98
Residents Aged 65 and Older	100	96.2	1.04	93.1	1.07	93.2	1.07	87.9	1.14
Title 19 (Medicaid) Funded Residents	62.1	69.6	0.89	69.1	0.90	70.0	0.89	66.1	0.94
Private Pay Funded Residents	37.9	21.4	1.77	20.2	1.88	18.5	2.05	20.6	1.84
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	67.2	40.3	1.67	38.6	1.74	36.6	1.84	33.6	2.00
General Medical Service Residents	15.5	17.9	0.87	18.9	0.82	19.7	0.79	21.1	0.74
Impaired ADL (Mean)	43.1	47.6	0.91	46.2	0.93	47.6	0.91	49.4	0.87
Psychological Problems	74.1	57.1	1.30	59.0	1.26	57.1	1.30	57.7	1.29
Nursing Care Required (Mean)	5.8	7.3	0.80	7.0	0.83	7.3	0.80	7.4	0.78